

M: 0417 500 870

E: tim@kellysports.com.au



T JAMES OF THE APOST

Wednesday

7.10.15



DANCE DYNAMICS

WHEN: **COMMENCING:** CONCLUDING:

9.12.15 TIME:

3:10pm - 4:10pm YEAR LEVELS: Prep - Grade 6

Kelly Sports welcomes Dance Dynamics in Term 4! Over 10 weeks students will have the opportunity to move, groove, spin and bop to the sound of the beats alongside our very experienced dance instructors. You will have a fantastic time learning the new moves in our high intensity. excitement-filled dance environment.



WHEN: **COMMENCING:** CONCLUDING:

TIME:

YEAR LEVELS: COST:

Thursday 8.10.15 10.12.15

\$100 (10 weeks)

It's Spring so what better time to experience the skills, fun and excitement of sports such as Hockey, Basketball, Athletics, Netball and Circus Games! Get

3:10pm - 4:10pm your friends to join for added full: Give your competitive edge, building their motor skills, awareness, coordination and

friendships all in a fun and enjoyable environment.

\$90 Early Bird Special if booked & paid prior to Monday 5th October 2015

Like the 'Kelly Sports Wyndham' Facebook page to enter your child into the draw to win a term of free Kelly Sports lessons at your school.

(www.facebook.com/pages/Kelly-Sports-Wyndham/186704608020205?ref=br rs)

CHECK OUT OUR NEW AND IMPROVED ONLINE BOOKING SYSTEM

Simply go to www.kellysports.com.au enter your postcode and enrol from there. Alternatively you can scan and email this completed form to tim@kellysports.com.au or

ENROLMENT FORM

		☐ Dance Dynamics	□ Sı	uper Spring Sp	orts	
School:					Year Leve	el:
Name:						
Address:					Post Code	e:
Phone (Mobile/Work/Hom	ne):: _					
Email:						
Medical Conditions:						
At the completion of after	schoo	l clinics, does your child?	(Please Circle)	Go to after car	e	Get collected
Parents' consent: I hereby release Ko		orise Kelly Sports to act or orts from any liability for				
Parent/Caregiver name:			Sig	gnature:		
Amount Paid: \$		Credit card payment:				☐ MasterCard
Card Number:	_/_	//_	Exp	iry Date:	/	CVV:

- 1. Kelly Sports is a Registered Childcare Provider. You need to email me for a receipt at the end of term.
- 2. Don't leave this form with the school or coach as it may lead to your child missing out.
- Spaces are limited so please make sure either enrol online or return your form to me
- It is the parents responsibility to ensure that all relevant information is filled in.
- Make sure you let us know if we need to collect and drop off your child to aftercare. We are happy to do so!



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STREET 'HIP HOP' DANCE



WHEN: **COMMENCING: CONCLUDING:** TIME:

YEAR LEVELS:

COST:

Wednesday 15.7.15 9.9.15

3:10pm - 4:10pm Prep - Grade 6 \$90 (9 weeks)

Kelly Sports welcomes Street 'Hip Hop' dance in Term 3! Over 9 weeks students will have the opportunity to move, groove, spin and bop to the sound of the beats alongside our very experienced dance instructors. You will have a fantastic time learning the new moves in our high intensity. excitement-filled dance environment.



WHEN: **COMMENCING: CONCLUDING:** TIME:

YEAR LEVELS:

COST:

Thursday 16.7.15 17.9.15

Prep - Grade 4 \$90 (9 weeks)

It's Winter so what better time to experience the skills, fun and excitement of sports such as Soccer, Cricket, Gymnastics & Volleyball! Get your friends to join for 3:10pm - 4:10pm added fun! Give your kids the competitive edge, building their motor skills, awareness, coordination and

friendships all in a fun and enjoyable environment.

\$80 Early Bird Special if booked & paid prior to Monday 13 July 2015

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ENROLMENT FORM

☐ Dance			☐ Winter Warmer Sports			
School:				Y	ear Level:	
Name:						
					ost Code:	
Phone (Mobile/Work/Hor	ne):: _					
Email:						
Medical Conditions:						
Parents' consent: I hereb	y auth	ol clinics, does your child? (For child?) or ise Kelly Sports to act on noorts from any liability for injury.	ny behalf shoul	d my child require	e medical attention, and	
Parent/Caregiver name:			Sig	nature:		
Amount Paid: \$ Card Number:	_/_	Credit card payment:		ry Date: /		

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Phone (Mobile/Work/Hor	ne):: _					
Email:						
Medical Conditions:						
Parents' consent: I hereb	y auth	ol clinics, does your child? (For child?) or ise Kelly Sports to act on noorts from any liability for injury.	ny behalf shoul	d my child require	e medical attention, and	
Parent/Caregiver name:			Sig	nature:		
Amount Paid: \$ Card Number:	_/_	Credit card payment:		ry Date: /		

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